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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY IL | SHEETS DRAWING 11 | TOTAL CLAIMS 33 | INDEPENDENT CLAIMS 4 |
| 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance | | | | |
| Verified and Acknowledged Examiner's Signature _____ Initials _____ | | | | |

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TITLE

MEASURING GUIDE FOR USE IN ORTHOPEDIC PROCEDURE

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